John Glenn School Corporation Direct Deposit Authorization Form

Please print and complete ALL the information below.	
Name:	
Address:	
City, State, Zip:	
John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: Date Date Date Date Pay to the order of: Check Routing Number Check Number	
Routing Number Number Number (1-17 digits) (do not include)	
Name of Bank:	
9-Digit Routing #:	
Account #:	
Type of Account: Checking Savings (Circle One)	
IF a checking account, please attach a voided check for the bank account to which funds sho be deposited.	uld
John Glenn School Corporation is hereby authorized to directly deposit my pay to the accoundisted above. This authorization will remain in effect until I modify or cancel it in writing.	ıt
Employee Signature:	
Date:	